

TRANSCRIPT ORDER

Please Read Instructions:

TRANSCRIPT ORDER			DUE DATE:	
1. NAME E. Glenn Thame, Jr.			2. PHONE NUMBER (903) 597-8311	
4. DELIVERY ADDRESS OR EMAIL glennthame@potterminton.com			5. CITY Tyler	6. STATE TX
7. ZIP CODE 75702			8. CASE NUMBER 4:20cv896-ALM-KPJ	
9. JUDGE Hon. Kimberly C. Priest Johnson		DATES OF PROCEEDINGS 10. FROM 1/13/2021 11. TO 1/13/2021		
12. CASE NAME Moates v. Facebook Inc., et al			LOCATION OF PROCEEDINGS 13. CITY Plano (video) 14. STATE TX	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)				
PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENT (Plaintiff) <input type="checkbox"/> OPENING STATEMENT (Defendant) <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) <input type="checkbox"/> CLOSING ARGUMENT (Defendant) <input type="checkbox"/> OPINION OF COURT <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> SENTENCING <input type="checkbox"/> BAIL HEARING			<input type="checkbox"/> TESTIMONY (Specify Witness) <input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy) <input checked="" type="checkbox"/> OTHER (Specify) Hearing on Plaintiff's Motion for TRO	
17. ORDER				
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ E. Glenn Thame, Jr.			PROCESSED BY	
19. DATE 1/21/2021			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS	
ORDER RECEIVED		DATE	BY	
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION:

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ORDER RECEIPT

ORDER COPY